



PTO/SB/01 (10-00)
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<b>DECLARATION FOR UTILITY OR</b>
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

OR

Declaration
Submitted
with Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))

Attorney Docket Numb	per PB40001	
First Named Inventor	Bleckley	
COMPLET	E IF KNOWN	
Application Number		
Filing Date		
Group Art Unit		
Examiner Name		

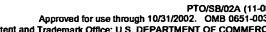
	required)	!				
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As a below named inventor, I he	ereby declare that:					
My residence, mailing address, ar	nd citizenship are as sta	ted below next to my na	me.			
I believe I am the original, first and	` ,		• •	• • • • • • • • • • • • • • • • • • • •		
names are listed below) of the sut	oject matter which is cla	imed and for which a pa	tent is sought on t	he invention entitled:		
Ergonomic Motion and	Athletic Activity Mo	onitoring and Traini	ng System and	Method		
the specification of which	<i>(</i> 1	Title of the Invention)				
ine specification of which						
OR OR		as United S	states Application	Number or PCT International		
was filed on (MM/DD/YYYY)				(if applicable).		
Application Number	and was a	mended on (MM/DD/YY	m	(ii appiidavio).		
I hereby state that I have reviewe		•	•	n. including the claims, as		
amended by any amendment spe				, , , , , , , , , , , , , , , , , , ,		
I acknowledge the duty to disclos in-part applications, material infor PCT international filing date of the	mation which became a	vailable between the fili	s defined in 37 CF ng date of the prio	R 1.56, including for continuation- r application and the national or		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application	Country	Foreign Filing Date		Certified Copy Attached?		
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Dat	e (MM/DD/YYYY)	numbers supplem	al provisional application are listed on a ental priority data sheet /02B attached hereto.		
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[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

<del></del>						
I Ditect all correspondence to: I I	Customer Nu er Bar Code				OR 🗓 O	Correspondence address below
Name Philip H. Burrus, IV						
Address 4653 Arrowhead Trail						
Address						
City Lilburn				State	Seorgia	30047 ZIP
United States Country		Telephon	404-79 e	1-9874		Fax
I hereby declare that all statements may are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	t these state nment, or bo	ements we oth, under	re made w	ith the k	nowledge that willfu	I false statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	ion has been file	ed for this unsigned inventor
Given Name  (first and middle [if any])				Family or Sun		эу 
Inventor's Signature Demar Bleuk	h					Date 2 - 28 · 02
Residence: City Lilburn			Georg State	ia	United State Country	S United States Citizenship
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Mailing Address						
City Lilburn	G State	eorgia		3( <b>ZIP</b>	0047	United States Country
NAME OF SECOND INVENTOR				A peti	tion has been fil	ed for this unsigned inventor
Given Name George Family Name Kelnhofer or Surname						
Inventor's Leng Helphele 2/28/2007  Date						
Residence: City Duluth			Georg State	ia	United States Country	United States Citizenship
Mailing Address 280 Brietbrumm Chase						
Mailing Address						
City Duluth	State Geo	orgia		ZIP 3	0155	United States
Additional inventors are being named on the1supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						



PTO/SB/02A (11-00)
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#### **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1\_\_ of 1\_

Name of Additional Joint Inventor, if a	ny:			A petition has been for	led for th	nis unsigned inventor
Given Name (first and middle [if any])				Family Name or Surname		
Oswald			Dr	awdy - DRA	NDY	
Inventor's Signature Swald Drawd	27					Date 2/28/01
Atlanta Residence: City	G Stat	eorgia be		United States Country		United States Citizenship
Mailing Address P. O. Box 85		•		<del> </del>		
Mailing Address						
City Hampton	Sc Sta	outh Card	olina	29924 ZIP	Countr	United States
Name of Additional Joint Inventor, if a	ıy:			A petition has been file	ed for thi	s unsigned inventor
Given Name (first and middle [if any	])			Family Na	me or S	umame
Inventor's Signature						Date
Residence: City	Sta	state Country				Citizenship
Mailing Address	•					
Mailing Address						
City	Sta	ate		ZIP	Cou	ntry
Name of Additional Joint Inventor, if a	ny:			A petition has been file	d for this	unsigned inventor
Given Name (first and middle [if any]	)			Family	Name o	or Surname
Inventor's Signature	•					Date
Residence: City	State			Country		Citizenship
Mailing Address						
Mailing Address				1		
City	State	Ð		ZIP	Co	untry

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PTO/SB/81 (02-01)

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#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Bleckley
Title	Ergonomic Motion and Athletic
Group Art Unit	
Examiner Name	
Attorney Docket Number	PB40001

	OR	Customer Number	Place Customer  Number Bar Code  Label here				
	Practitioner(s) na						
	D. 7. 11 D	Name	Registration Number				
	Philip H. B	urrus, IV	45,432				
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4	as my/our attorney(s) o	r agent(s) to prosecute the application id	entified above, and to transact all				
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En last 16 July 12 16 16 16 16 16 16 16 16 16 16 16 16 16	Ficase change the correspondence address for the application application to.						
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# #	Individual Name						
<del>14.</del>	Address						
	Address						
	City		State Zip				
	Country						
	Telephone		ax				
	I am the:  X Applicant/Invent	or.					
	Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	SIGNATURE of Applicant or Assignee of Record						
	Name DELMAR Bleckley						
	Signature a Jelman Bleuhu =						
	Date 2.28-02						
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
	forms if more than one signature is required, see below*.						
	⊠*Total of 3 for	ms are submitted.					

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# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Bleckley
Title	Ergonomic Motion and Athletic
Group Art Unit	
Examiner Name	
Attorney Docket Number	PB40001

I hereby appoint					
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Name	Registration Number				
Philip H. Burrus, IV	45,432				
as my/our attorney(s) or agent(s) to prosecute the application ide business in the United States Patent and Trademark Office conne	ntified above, and to transact all ected therewith.				
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Address					
Address					
City	ate Zip				
Country					
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I am the:					
X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee	of Record				
Name George Kelnhifer					
Signature George Selvhele					
Date 2/28/2002					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
☑ *Total of <u>3</u> forms are submitted.					

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### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

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Title	Ergonomic Motion and Athletic
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I hereby appoint:					
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Philip H. Burrus, IV	45,432				
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Firm or Individual Name					
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l am the:					
X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Oswald Drawdy					
Signature Ognal Drawsky					
Date 2/28/02					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or forms if more than one signature is required, see below*.	their representative(s) are required. Submit multiple				
☑ *Total of 3forms are submitted.					

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